

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
|--------------|----------|------|------------------------|------|------------------------|------|---|------|------|------|------|------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | | | |
| 1 | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | |
| 12 | 1 | | | | | | | | | | | | | |
| 13 | 1 | | 1 | | 1 | | | | | | | | | |
| 14 | 1 | | 1 | | 1 | | | | | | | | | |
| 15 | | | | | | | | | | | | | | |
| 16 | | | 1 | | 1 | | | | | | | | | |
| 17 | | | 1 | | 1 | | | | | | | | | |
| 18 | | | 1 | | 1 | | | | | | | | | |
| 19 | | | 1 | | 1 | | | | | | | | | |
| 27 | 1 | | 1 | * | 1 | | | | | | | | | |
| 28 | 1 | | 1 | | 1 | | | | | | | | | |
| 29 | 1 | | 1 | | 1 | | | | | | | | | |
| 30 | 1 | | 1 | | 1 | | | | | | | | | |
| 31 | | | 1 | | 1 | | | | | | | | | |
| 34 | | | 1 | | 1 | | | | | | | | | |
| 35 | | | 1 | | 1 | | | | | | | | | |
| 36 | | | 1 | | 1 | | | | | | | | | |
| 37 | | | 1 | | 1 | | | | | | | | | |
| 38 | | | | | | | | | | | | | | |
| 39 | | | | | | | | | | | | | | |
| 40 | | | | | | | | | | | | | | |
| 41 | | | | | | | | | | | | | | |
| 42 | | | | | | | | | | | | | | |
| 43 | | | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | | | |
| 45 | | | | | | | | | | | | | | |
| 46 | | | | | | | | | | | | | | |
| 47 | | | | | | | | | | | | | | |
| 48 | | | | | | | | | | | | | | |
| 49 | | | | | | | | | | | | | | |
| 50 | | | | | | | | | | | | | | |
| TOTAL IND. | 11 | | 5 | | 65 | | | | | | | | | |
| TOTAL DEP. | 26 | → | 17 | → | 17 | → | | | | | | | | |
| TOTAL CLAIMS | 37 | | 22 | | 22 | | | | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS